U.S. Department of Labor ? C Office of Labor Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From;

// // 05 Through: /2/3//05

3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Bruce E Ashback	Name Pacific N.W. Regional Council of Carpoling	
	Labor Organization File Number 540 -172	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 1705 NE 249 54	Street 2512D Pacific Hy S Suite 200	
city Ridgefield	city Kent	
State WASH ZIP Code + 4 98642	State WASh. ZIP Code + 4 98032	
5. Position in labor organization. Business Agent / TRUSTEE		
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or Indirectly had any of the following interests (except as specified in the exclusions set forth in the Instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name to part the		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	The second secon	
Street	7.b. Amount.	
City		
State ZIP Code + 4		

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	9. Business deals with: a. Labor Organization Trust c. Employer	
City State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name OREGON-WASh. Carpowler-Employer Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2925 Ntw 315t Av	11.a. Nature of such dealing. IN terry trong / foundation Educational conference meeting costs + Expenses on my hehalf.	
City Port State ORE ZIP Code + 497210	11.b. Approximate dollar value of such dealing. 2 2 2 2 1 1 2.a. Nature of interest held or income received.	

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State	ZIP Code + 4	
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.